Illinois Department of Public Health (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: \_ B. WING IL6007512 02/28/2020 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER **505 COLLEGE AVENUE** PLEASANT VIEW LUTHER HOME **OTTAWA, IL 61350** SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE COMPLETE **PREFIX** PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG TAG DEFICIENCY) S 000 S 000 Initial Comments Annual Licensure and Certification Survey S9999 Final Observations S9999 Statement of Licensure Violations 300.610a) 300.1010h) 300.1210b) 300.1210d)3) 300.3220f) 300.3240a) Section 300.610 Resident Care Policies a) The facility shall have written policies and procedures governing all services provided by the facility. The written policies and procedures shall be formulated by a Resident Care Policy Committee consisting of at least the administrator, the advisory physician or the medical advisory committee, and representatives of nursing and other services in the facility. The policies shall comply with the Act and this Part. The written policies shall be followed in operating the facility and shall be reviewed at least annually by this committee, documented by written, signed and dated minutes of the meeting. Section 300.1010 Medical Care Policies h) The facility shall notify the resident's physician of any accident, injury, or significant change in a resident's condition that threatens the health, Attachment A safety or welfare of a resident, including, but not Statement of Licensure Violations limited to, the presence of incipient or manifest decubitus ulcers or a weight loss or gain of five percent or more within a period of 30 days. The

Illinois Department of Public Health
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE 03/20/20

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orders.

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gain of greater than five pounds (lbs) in a week.

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R39's hospital record dated 12/20/19 document

FORM APPROVED Illinois Department of Public Health (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: B. WING\_ IL6007512 02/28/2020 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **505 COLLEGE AVENUE PLEASANT VIEW LUTHER HOME OTTAWA, IL 61350** SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5)(EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE **PREFIX** COMPLETE PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) S9999 Continued From page 4 S9999 R39 was admitted on 12/11/19 and discharged on 12/20/19. R39's hospital record documents "between 12/11/19 and 12/20/19 (R39) was admitted to hospital for heart failure exacerbation and was treated for heart failure with IV diuretic medications." On 02/28/20 at 09:55 AM, V9, Medical Director (MD), stated "I should have been notified of his (R39) significant weight gain on the 23rd (11/23/19). Something should have been done. Had I been notified, I would've evaluated him and added a diuretic to his orders or increased his diuretic and put him on a fluid restriction. His hospitalization potentially could have been prevented if I had been notified when he (R39) had the significant weight gain." (B)